2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90031 027 ****61.25

DOCUMENT # 701701

1. Entity Name

FIRST CHURCH OF CHRIST, SCIENTIST, VENICE, RIDA, INC.

Principal Place of Business	Mailing Address
600 WEST VINICE AVE VENICE FL 34285	600 WEST VINICE AVE VENICE FL 34285

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1426218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, MRS. B. J. 416 PALMETTO CRESCENT NOKOMIS FL 34275	Name MARY C. RICHARDSON Street Address (P.O. Box Number is Not Acceptable) 101 PARK BLVD SO, #109 City VENICE FL Zip Code 34285

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary C. Richardson (MARY C. RICHARDSON) DATE 2/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONGWOOD, VIRGINIA 318 GREENWOOD LAKE DR VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEANNE DaBOLL 724 Connemara Ct. Venice, FL 34292	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC GATCHELL, PRISCILLA 1416 EAST GATE DR VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC Bob BROWN 416 Palmetto Cresent Nokomis, FL 34275	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRAM, SARAH 430 CLOVER RD VENICE FL 34293	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EVA muller 983 Jolanda Cir. Venice, FL 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASS, BETTY 224 FLAMBOYANT ST NOKOMIS FL 34275	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Doris Grigore 425 HARBOR Dr. So. Venice, FL 34285	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKER, SALLY 1771 KILRUSS DR VENICE FL 34292	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Judy ALLin 1304 Fir Ave. Venice, FL 34292	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanne S. DaBoll 2.4.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #